



DOCKET FILE COPY ORIGINAL

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OCT 24 2013

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October 14, 2013

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Piedmont Telephone Membership Corp.  
Study Area Code 230497

Dear Executive Secretary:

On behalf of Piedmont Telephone Membership Corp. ("Piedmont"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>. Piedmont seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations<sup>2</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ Doug Eidahl  
VP of Consulting  
Phone: (605) 995-1750  
Fax: (605) 995-1778  
Doug.Eidahl@Vantagepnt.com  
Enclosure(s)

cc: Amy R. Hanson, Chief Operating Officer, Piedmont Telephone Membership Corp.  
Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 0+1  
List ABCDE

<sup>1</sup> 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

<010> Study Area Code	230497	
<015> Study Area Name	PIEDMONT MEMBERSHIP	Received & Inspected
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Heath Koth	OCT 24 2013
<035> Contact Telephone Number: Number of the person identified in data line <030>	605-995-1832	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	Heath.Koth@vantagepnt.com	

<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> Outage Reporting (voice)	(complete attached worksheet)	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	0	
<310> Detail on Attempts (voice)	(attach descriptive document)	
<320> Unfulfilled Service Requests (broadband)		
<330> Detail on Attempts (broadband)	(attach descriptive document)	
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed	0.0	
<420> Mobile	0.0	
<430> Number of Complaints per 1,000 customers (broadband)		
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	
<510> 230497NCS10	(attach descriptive document)	
<600> Functionality in Emergency Situations	(check to indicate certification)	
<610> 230497NC610	(attach descriptive document)	
<700> Company Price Offerings (voice)	(complete attached worksheet)	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	
<800> Operating Companies and Affiliates	(complete attached worksheet)	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	
<1000> Voice Services Rate Comparability	(check to indicate certification)	
<1010>	(attach descriptive document)	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	
<1110>	(complete attached worksheet)	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

230497

<010> Study Area Code

<015> Study Area Name

PIEDMONT MEMBERSHIP

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Heath Koth

<035> Contact Telephone Number - Number of person identified in data line <030>

605-995-1832

<039> Contact Email Address - Email Address of person identified in data line <030>

Heath.Koth@vantagapnt.com

<110> Has your company received its ETC certification from the FCC?

(yes / no ) ☐ ☒

If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?

(yes / no ) ☐ ☒

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

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**<010> Study Area Code**

<015>	Study Area Name
-------	-----------------

<020>	Program Year
-------	--------------

<b>&lt;030&gt;</b>	<b>Contact Name</b>

<035>	Contact Telephone
-------	-------------------

<039> Contact Email A

---

[illegible]

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1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

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230497

**PIEDMONT MEMBERSHIP**

2014

Heath Koth

605-995-1832

Heath Koth@vantagent.com

<711>

[illegible]

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<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heath Koch
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1832
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koch@vantagepnt.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes,No, NA)

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

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<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heath Koth
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1832
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepat.com

☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

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<030>	Contact Name - Person USAC should contact regarding this data	Heath, Koth
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1832
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagapnt.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	230497NC1210
<1220>	Link to Public Website	HTTP

Name of attached document (.pdf)

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

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<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heath Roth
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1832
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Roth@vantagepnt.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

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Name of Attached Document Listing Required Information

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230497	Study Area Code
PIEDMONT MEMBERSHIP	Study Area Name
2014	Program Year
Heath Koth	Contact Name - Person USAC should contact regarding this data
605-995-1832	Contact Telephone Number - Number of person identified in data line <030>
Heath.Koth@vanladesbitt.com	Contact Email Address - Email Address of person identified in data line <030>

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

	Name of Attached Document Listing Required Information		(Yes/No)
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>	
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>	
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>	
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input checked="" type="checkbox"/>	
(3018) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>	
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>	
(3020) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>	
(3021) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>	
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>	
(3023) Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>	
(3024) Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>	
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>	
(3026) Attach the worksheet listing required information		<input checked="" type="checkbox"/>	
	Name of Attached Document Listing Required Information		230497NC3026



<010>	Study Area Code	230497	Received & Inspected OCT 24 2013
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1832	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	PIEDMONT MEMBERSHIP
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/09/2013
Printed name of Authorized Officer:	Amy Hanson
Title or position of Authorized Officer:	Chief Operating Officer
Telephone number of Authorized Officer:	336-374-4517
Study Area Code of Reporting Carrier:	230497 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1832	FCC Mail Room
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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**Attachments**

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2012**

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**Sec. 54.313(a)(5) and Sec. 54.422 Service Quality Standards and Consumer Protection  
Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients and §54.422 for Lifeline Support Recipients, Piedmont Telephone Membership Corp hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Piedmont Telephone Membership Corp follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

I verify that the foregoing is true and correct. Executed on October 4, 2013.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp.



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**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

OCT 24 2013

**Reporting Period January 1 – December 31, 2012**

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**Sec. 54.313(a)(6) and Sec 54.422 Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients and § 54.422 for Lifeline Support Recipients, Piedmont Telephone Membership Corp hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Piedmont Telephone Membership Corp is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. All Piedmont Telephone Membership Corp electronic equipment locations are equipped with battery backup facilities which are designed for eight hours of reserve power. Critical locations such as central offices also are equipped with stand-by generators. This equipment enables it to provide service for a reasonable period of time if external power is lost. Piedmont Telephone Membership Corp's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Piedmont Telephone Membership Corp has redundancy in its network for use in rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on October 4, 2013.

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/s/ Amy R. Hanson

OCT 24 2013

Amy R. Hanson

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Chief Operating Officer

Piedmont Telephone Membership Corp.

**Surry Telephone North Carolina Lifeline Application**

**Application for Lifeline**

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

**How to apply: four steps**

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as your SSN and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

**Qualifying Methods**

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You **MUST** send photocopies of any qualifying documentation. **NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

**Program Eligibility**

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

**Income Eligibility**

Annual Income 135% Thresholds Based on Household Size								
1	2	3	4	5	6	7	8	For each add'l person
\$15,080	\$20,426	\$25,772	\$31,118	\$36,464	\$41,810	\$47,156	\$52,502	+ \$5,346/person

Documentation needed to qualify for Lifeline through income is noted on next page.

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**Surry Telephone North Carolina Lifeline Application**

When completed, mail or fax form to:

**Surry Telephone P.O. Box 385, Dobson, NC 27017**

**Fax to 336-374-5080**

Customer Name: \_\_\_\_\_ Temporary **(required)**: Yes: \_\_\_ No: \_\_\_

Customer Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer Bill Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer's Home Telephone: \_\_\_\_\_

Customer's Social Security Number : \_\_\_\_\_

Customer's Date of Birth xx/xx/xxx: \_\_\_\_\_

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Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs.

**NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> National School Lunch - Free Lunch Program       | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)     |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Supplemental Security Income (SSI)                 |
| <input type="checkbox"/> Federal Public Housing/Section 8                 |   |

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required)**: Adults \_\_\_\_ Children \_\_\_\_ . I am providing a photocopy of the following qualifying documents:

- |  |   |
|--|---|
| <input type="checkbox"/> Prior year's state or federal tax return  | <input type="checkbox"/> Retirement / pension statement of benefits                   |
| <input type="checkbox"/> Current income statement from an employer | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits    |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months   | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits     | <input type="checkbox"/> Veterans Administration Statement of Benefits                |
| <input type="checkbox"/> Child Support document                    | <input type="checkbox"/> Other official document containing income information        |
| <input type="checkbox"/> Divorce decree                            |   |

**I certify, under penalty of perjury, that:**

1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
2. I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
3. If I move to a new address, I will provide that new address to Surry Telephone within 30 days.
4. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
5. The information contained in this certification form is true and correct to the best of my knowledge.
6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize Surry Telephone to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For agent use only:

Type of document for program eligibility:

Type of document for income eligibility:

REDACTED – FOR PUBLIC INSPECTION

*Received & Inspected*

OCT 24 2013

*FCC Mail Room*

PIEDMONT TELEPHONE MEMBERSHIP CORP (SAC 230497)

ATTACHMENT – LINE(S) 3017 & 3026

ATTACHMENT REDACTED IN ENTIRETY